



MARIA ASLANI-BREIT, D.D.S., P.L.L.C.
PEDIATRIC DENTISTRY

Diplomate, American Board of Pediatric Dentistry | Fellow, American Academy of Pediatric Dentistry

REQUEST TO TRANSFER RECORDS

I, _____, parent/guardian of patient
_____, am requesting a copy of the dental records for the
above named patient from Dr. Maria Aslani-Breit and I am transferring his/her dental care to
another dentist.

I am giving Dr. Maria Aslani-Breit permission to send these records to the following dental
office:

Office Name: _____

Address: _____

Phone number: _____

Email: _____

Reason for Request: _____

I am aware of his/her dental needs and the risks of not receiving care.

Parent/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____